

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0230024                        | 192 ALBANY TURNPIKE - CANTON |  |                     | NC             | 155        | P          | GW             |              |
| Local Address (where applicable) |                              |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                              |  |                     | 1              |            |            |                |              |

Towns Served: CANTON

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            |                   |
|   | 1/1/19 - 3/31/19   |                            |                   |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)          |                    | 1 routine (RT) per quarter |                   |
|------------------------------------|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period          | Compliance Status |
| DISTRIBUTION SYSTEM (4)            | 10/1/18 - 12/31/18 |                            |                   |
|                                    | 1/1/19 - 3/31/19   |                            |                   |
|                                    | 4/1/19 - 6/30/19   |                            |                   |
|                                    | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         |                   |
|                                    | 1/1/19 - 12/31/19 |                         |                   |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 11/22/2018 |               |

### Public Notification Requirements

| Violation/Situation               | Compliance Period  | Notice Tier | Public Notification |           | PN Certification |          |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
|                                   |                    |             | Required            | Performed | Due to DPH       | Received |
| Physical Parameters M&R Violation | 10/1/18 - 12/31/18 | 3           | 3/12/2020           |           | 3/22/2020        |          |
| Nitrate And Nitrite M&R Violation | 1/1/18 - 12/31/18  | 3           | 3/12/2020           |           | 3/22/2020        |          |
| Total Coliform M&R Violation      | 10/1/18 - 12/31/18 | 3           | 3/12/2020           |           | 3/22/2020        |          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20463                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

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## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0230024                        | 192 ALBANY TURNPIKE - CANTON |                     |             | NC             | 155        | P          | GW             |
| Local Address (where applicable) |                              | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                              |                     |             | 1              |            |            |                |

Towns Served: CANTON

### Contact Information

| Name                     |           |              |                          | Organization       |                             | Job Title  |  |       |          |
|--------------------------|-----------|--------------|--------------------------|--------------------|-----------------------------|------------|--|-------|----------|
| Mr. Ronald F. Nodine     |           |              |                          | Nodines Smokehouse |                             | President  |  |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two |                    |                             | City       |  | State | Zip Code |
| 39 North Street          |           |              | P O Box 1787             |                    |                             | Torrington |  | CT    | 06790    |
| Business Phone           | Extension | Fax          | Mobile Phone             | Emergency Phone    | Email Address               |            |  |       |          |
| 860-489-3213             |           | 860-496-9787 |                          | 860-489-3353       | nodines.smokehouse@snet.net |            |  |       |          |

Contact Role(s): **Administrative Contact**

| Name                     |           |     |                          | Organization        |                 |                            | Job Title |       |          |
|--------------------------|-----------|-----|--------------------------|---------------------|-----------------|----------------------------|-----------|-------|----------|
| Mr. Calvin Nodine        |           |     |                          | Nodine's Smokehouse |                 |                            | President |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                     |                 | City                       |           | State | Zip Code |
| 65 Fowler Avenue         |           |     |                          |                     |                 | Torrington                 |           | CT    | 06790    |
| Business Phone           | Extension | Fax |                          | Mobile Phone        | Emergency Phone | Email Address              |           |       |          |
| 860-484-9076             |           |     |                          |                     |                 | calvinnodine@optonline.net |           |       |          |

Contact Role(s): **Legal Contact**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                |  |                     |                |            |            |                |              |
|----------------------------------|--------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name                       |  |                     | Classification | Population | Owner Type | Primary Source |              |
| CT0230044                        | 180 CHERRY BROOK ROAD - CANTON |  |                     | NC             | 36         | P          | GW             |              |
| Local Address (where applicable) |                                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 180 CHERRY BROOK RD              |                                |  |                     | 3              | 2          |            |                |              |
| Towns Served: CANTON             |                                |  |                     |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20465                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|  |           |     |                          |                               |                       |            |                |       |          |
|--|-----------|-----|--------------------------|-------------------------------|-----------------------|------------|----------------|-------|----------|
| Name   |           |     |                          | Organization                  |                       |            | Job Title      |       |          |
| Mr. Robert J. Oullette, III                            |           |     |                          | Cherry Brook Development, LLC |                       |            | Manager/Member |       |          |
| Mailing Address Line One                               |           |     | Mailing Address Line Two |                               |                       | City       |                | State | Zip Code |
| 153 Babbling Brook Road                                |           |     |                          |                               |                       | Torrington |                | CT    | 06790    |
| Business Phone   | Extension | Fax | Mobile Phone             | Emergency Phone               | Email Address         |            |                |       |          |
| 860-712-5821   |           |     |                          | 860-712-5821                  | robertjolet@gmail.com |            |                |       |          |
| Contact Role(s): Administrative Contact, Legal Contact |           |     |                          |                               |                       |            |                |       |          |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                     |                                       |                          |              |                 |                |
|-------------------------------------|---------------------------------------|--------------------------|--------------|-----------------|----------------|
| PWS ID                              | PWS Name                              | Classification           | Population   | Owner Type      | Primary Source |
| <b>CT0230044</b>                    | <b>180 CHERRY BROOK ROAD - CANTON</b> | <b>NC</b>                | <b>36</b>    | <b>P</b>        | <b>GW</b>      |
| Local Address (where applicable)    |                                       | Service Connections      | Residential  | Commercial      | Industrial     |
| 180 CHERRY BROOK RD                 |                                       | 3                        | 2            |                 |                |
| Towns Served: CANTON                |                                       |                          |              |                 |                |
| Name                                |                                       | Organization             |              | Job Title       |                |
| <b>Cherry Brook Development LLC</b> |                                       |                          |              |                 |                |
| Mailing Address Line One            |                                       | Mailing Address Line Two |              | City            | State          |
| 153 Babling Brook Rd                |                                       |                          |              | Torrington      | CT             |
| Business Phone                      | Extension                             | Fax                      | Mobile Phone | Emergency Phone | Email Address  |
|                                     |                                       |                          |              |                 |                |
| Contact Role(s): <b>Owner</b>       |                                       |                          |              |                 |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0230094                        | 310 ALBANY TURNPIKE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                     |  |                     | 1              |            |            |                |              |

Towns Served: CANTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20470                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|   |  |           |                          |                               |  |                 |               |       |          |
|---|--|-----------|--------------------------|-------------------------------|--|-----------------|---------------|-------|----------|
| Name  |  |           |                          | Organization                  |  |                 | Job Title     |       |          |
| Ms. Beverly D. Singer   |  |           |                          | Canton Realty Associates, LLC |  |                 | Manager       |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                               |  | City            |               | State | Zip Code |
| 414 Tolland Turnpike  |  |           | P.O. Box 380208          |                               |  | East Hartford   |               | CT    | 06138    |
| Business Phone  |  | Extension | Fax                      | Mobile Phone                  |  | Emergency Phone | Email Address |       |          |
| 860-289-8888  |  |           |                          |                               |  | 860-693-4814    |               |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |                               |  |                 |               |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0230094                        | 310 ALBANY TURNPIKE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                     |                     |             | 1              |            |            |                |

Towns Served: CANTON

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |  |                     |             |                |            |            |                |
|----------------------------------|--|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                                 |                     |             | Classification | Population | Owner Type | Primary Source |
| CT0230144                        | FIRST CONGREGATIONAL CHURCH OF CANTON CE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 184 CHERRY BROOK ROAD            |  |                     |             | 1              |            |            |                |
| Towns Served: CANTON             |  |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20475                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                            |                        |     |                          |                 |                               |               |           |       |          |
|----------------------------|------------------------|-----|--------------------------|-----------------|-------------------------------|---------------|-----------|-------|----------|
| Name                       |                        |     |                          | Organization    |                               |               | Job Title |       |          |
| Reverend Rushan Sinnaduray |                        |     |                          |                 |                               |               | Pastor    |       |          |
| Mailing Address Line One   |                        |     | Mailing Address Line Two |                 |                               | City          |           | State | Zip Code |
| 184 Cherry Brook Road      |                        |     | P.O. Box 133             |                 |                               | Canton Center |           | CT    | 06020    |
| Business Phone             | Extension              | Fax | Mobile Phone             | Emergency Phone | Email Address                 |               |           |       |          |
| 860-693-4581               |                        |     |                          | 860-693-6912    | pastor@cantoncenterchurch.org |               |           |       |          |
| Contact Role(s):           | Administrative Contact |     |                          |                 |                               |               |           |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                       |   |                               |              |                     |                               |
|---------------------------------------|---|-------------------------------|--------------|---------------------|-------------------------------|
| PWS ID                                | PWS Name  | Classification                | Population   | Owner Type          | Primary Source                |
| <b>CT0230144</b>                      | <b>FIRST CONGREGATIONAL CHURCH OF CANTON CE</b> | <b>NC</b>                     | <b>25</b>    | <b>P</b>            | <b>GW</b>                     |
| Local Address (where applicable)      |   | Service Connections           | Residential  | Commercial          | Industrial                    |
| 184 CHERRY BROOK ROAD                 |   |                               |              | 1                   |                               |
| Towns Served: CANTON                  |   |                               |              |                     |                               |
| Name                                  |   | Organization                  |              | Job Title           |                               |
| <b>Mr. James Magennis</b>             |   | First Congr. Church of Canton |              | Church Council Pres |                               |
| Mailing Address Line One              |   | Mailing Address Line Two      |              | City                | State                         |
| President of The Church Council       |   | P.O. Box 133                  |              | Canton Center       | CT                            |
| Business Phone                        | Extension                                       | Fax                           | Mobile Phone | Emergency Phone     | Email Address                 |
| 860-693-4581                          |   |                               |              |                     | office@cantoncenterchurch.org |
| Contact Role(s): <b>Legal Contact</b> |   |                               |              |                     |                               |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                             |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|--------------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0230234                        | NORTH CANTON UNITED METHODIST CHURCH |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                      |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 3 CASE STREET                    |                                      |  | Connections |                | 1          |            |                |              |

Towns Served: CANTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                          | 2 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

| Physical Parameters (PPS)                       |                          | 2 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

Water System Facility: **ENTRY POINT - WELL 1 (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT - WELL 1 (3)                  | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          |                          |

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00701)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT - WELL 2 (3)                  | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          |                          |

### Public Notification Requirements

| <i>Violation/Situation</i>        | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Physical Parameters M&R Violation | 4/1/04 - 6/30/04         | 2                  | 11/12/2004                 |                  | 11/22/2004              |                 |
| Total Coliform M&R Violation      | 4/1/04 - 6/30/04         | 2                  | 11/12/2004                 |                  | 11/22/2004              |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT - WELL 1         | 3                        | ENTRY POINT - WELL 1              | A             |                            |                                  |                 |                         |
| 00701                           | ENTRY POINT - WELL 2         | 3                        | ENTRY POINT - WELL 2              | A             |                            |                                  |                 |                         |
| 20484                           | WELL 1                       | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                             |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0230234                        | NORTH CANTON UNITED METHODIST CHURCH |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                                      | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 3 CASE STREET                    |                                      |                     |             | 1              |            |            |                |

Towns Served: CANTON

### Water System Facility and Sampling Point Inventory

| <i>Water System</i><br>Facility ID | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|------------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 60640                              | WELL 2                       | 2                        | WELL 2                            | A             |                            |                                  |                 |                         |

### Contact Information

| Name                     |  |           |                          | Organization            |  | Job Title       |                |       |          |
|--------------------------|--|-----------|--------------------------|-------------------------|--|-----------------|----------------|-------|----------|
| Ms. Dawn Harris          |  |           |                          | United Methodist Church |  | Treasurer       |                |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                         |  | City            |                | State | Zip Code |
| 3 Case St                |  |           | P.O. Box 311             |                         |  | North Canton    |                | CT    | 06059    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone            |  | Emergency Phone | Email Address  |       |          |
| 860-693-4589             |  |           |                          | 860-841-1155            |  | 860-693-8619    | Nccumc@att.net |       |          |

Contact Role(s): **Administrative Contact, Legal Contact**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                             |                     |             |                |            |            |                |
|----------------------------------|-----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                    |                     |             | Classification | Population | Owner Type | Primary Source |
| CT0230264                        | ROARING BROOK NATURE CENTER |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 70 GRACY ROAD                    |                             |                     |             | 1              |            |            |                |
| Towns Served: CANTON             |                             |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         |                   |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20487                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 56239                    | BLADDER TANK          |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |                        |                          |                             |              |  |                 |           |               |          |
|--------------------------|--|------------------------|--------------------------|-----------------------------|--------------|--|-----------------|-----------|---------------|----------|
| Name                     |  |                        |                          | Organization                |              |  |                 | Job Title |               |          |
| Mr. Jay Kaplan           |  |                        |                          | Roaring Brook Nature Center |              |  |                 | Director  |               |          |
| Mailing Address Line One |  |                        | Mailing Address Line Two |                             |              |  | City            |           | State         | Zip Code |
| 70 Gracey Road           |  |                        |                          |                             |              |  | Canton          |           | CT            | 06019    |
| Business Phone           |  | Extension              | Fax                      |                             | Mobile Phone |  | Emergency Phone |           | Email Address |          |
| 860-693-0263             |  |                        | 860-693-0264             |                             |              |  |                 |           |               |          |
| Contact Role(s):         |  | Administrative Contact |                          |                             |              |  |                 |           |               |          |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                       |                                    |                          |              |                 |                |
|---------------------------------------|------------------------------------|--------------------------|--------------|-----------------|----------------|
| PWS ID                                | PWS Name                           | Classification           | Population   | Owner Type      | Primary Source |
| <b>CT0230264</b>                      | <b>ROARING BROOK NATURE CENTER</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>        | <b>GW</b>      |
| Local Address (where applicable)      |                                    | Service Connections      | Residential  | Commercial      | Industrial     |
| 70 GRACY ROAD                         |                                    |                          | 1            |                 |                |
| Towns Served: CANTON                  |                                    |                          |              |                 |                |
| Name                                  |                                    | Organization             |              | Job Title       |                |
| Science Center of Ct, Inc.            |                                    |                          |              |                 |                |
| Mailing Address Line One              |                                    | Mailing Address Line Two |              | City            | State          |
| 950 Trout Brook Drive                 |                                    |                          |              | West Hartford   | CT             |
| Business Phone                        | Extension                          | Fax                      | Mobile Phone | Emergency Phone | Email Address  |
| 860-231-2824                          |                                    |                          |              |                 |                |
| Contact Role(s): Legal Contact, Owner |                                    |                          |              |                 |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0235074                        | 306 ALBANY TURNPIKE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                     |  |                     | 1              |            |            |                |              |

Towns Served: CANTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | GENERIC DISTRIBUTION       | A      |                     |                           |          |                  |
|                          |                       | DOWNSSTREAM       | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 53072                    | WELL #1               | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                                |  |           |                          |                       |                 |                   |                      |       |          |
|--------------------------------|--|-----------|--------------------------|-----------------------|-----------------|-------------------|----------------------|-------|----------|
| Name                           |  |           |                          | Organization          |                 |                   | Job Title            |       |          |
| Mr. David J. Went              |  |           |                          | Alliance Energy, LLC. |                 |                   | Env. Compliance Mngr |       |          |
| Mailing Address Line One       |  |           | Mailing Address Line Two |                       |                 | City              |                      | State | Zip Code |
| 15 North East Industrial Drive |  |           |                          |                       |                 | Branford          |                      | CT    | 06405    |
| Business Phone                 |  | Extension | Fax                      | Mobile Phone          | Emergency Phone | Email Address     |                      |       |          |
| 781-402-8893                   |  |           | 781-674-7799             |                       | 339-368-0668    | DWent@globalp.com |                      |       |          |
| Contact Role(s):               | Administrative Contact, Legal Contact, Owner |           |                          |                       |                 |                   |                      |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0235074                        | 306 ALBANY TURNPIKE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                     |                     |             | 1              |            |            |                |

Towns Served: CANTON

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0235084                        | GIV COFFEE ROASTERY AND CAFE |                     |             | NC             | 34         | P          | GW             |
| Local Address (where applicable) |                              | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 194 ALBANY TURNPIKE              |                              |                     |             |                |            | 1          |                |

Towns Served: CANTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   | 1/2-3/31                   | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 | 1/2-12/31               | Complete          |
|                                    | 1/1/19 - 12/31/19 | 1/2-12/31               | Complete          |
|                                    | 1/1/20 - 12/31/20 | 1/2-12/31               |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 60019                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| TP01                     | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |  |                          |              |                 |                     |           |       |          |
|--------------------------|--|--|--------------------------|--------------|-----------------|---------------------|-----------|-------|----------|
| Name                     |  |  |                          | Organization |                 |                     | Job Title |       |          |
| Mr. Jeffrey Brooks       |  |  |                          |              |                 |                     |           |       |          |
| Mailing Address Line One |  |  | Mailing Address Line Two |              |                 | City                |           | State | Zip Code |
| 194 Albany Turnpike      |  |  |                          |              |                 | Canton              |           | CT    | 06019    |
| Business Phone           |  | Extension                                    | Fax                      | Mobile Phone | Emergency Phone | Email Address       |           |       |          |
| 860-874-5301             |  |  |                          |              | 860-626-5435    | givcoffee@gmail.com |           |       |          |
| Contact Role(s):         |  | Administrative Contact, Legal Contact, Owner |                          |              |                 |                     |           |       |          |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0235084                        | GIV COFFEE ROASTERY AND CAFE |                     |             | NC             | 34         | P          | GW             |
| Local Address (where applicable) |                              | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 194 ALBANY TURNPIKE              |                              |                     |             |                |            | 1          |                |
| Towns Served: CANTON             |                              |                     |             |                |            |            |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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***End of schedule***

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